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AP/ 3736



Dkt. 0575-56330-A/JPW/PJP

Application of : Judah Z. Weinberger

Serial No. : 09/803,773 Examiner: C. A. Marmor, II

Date Filed : March 12, 2001 Group Art Unit: 3736

For : METHOD AND APPARATUS FOR TREATING A DISEASE  
PROCESS IN A LUMINAL STRUCTURE

1185 Avenue of the Americas  
New York, N.Y. 10036  
July 19, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

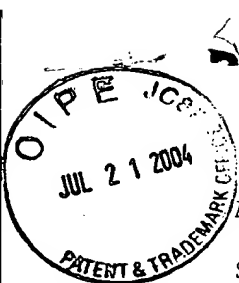
Sir:

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**AMENDMENT IN RESPONSE TO  
OFFICE ACTION DATED APRIL 19, 2004**

**A. Introductory Comments:**

This Amendment is submitted in response to the Office Action issued in connection with the above-identified application on April 19, 2004. In accordance with the April 19, 2004 Office Action, a response is due on July 19, 2004. Accordingly, this response is considered timely filed.



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S I R:

Transmitted herewith is an amendment to the above identified application.

X  Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X  No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	18	-	32	=	0	X	9	18	=	0
Indepe ndent Claims	5	-	7	=	0	X	43	86	=	0
Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No For First Time							145	290		0
							TOTAL ADDITIONAL FEE		\$ 0	

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter  
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Three copies of this sheet is enclosed.

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Peter J. Phillips  
Peter J. Phillips  
Reg. No. 29,691

7/19/04  
Date

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